

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER 14 MONTHS		AFTER 36 MONTHS	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	87					
TOTAL	91					

IND.	DEP.	IND.	DEP.	IND.	DEP.
61					
62					
63					
64					
65					
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70					
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100					
TOTAL IND.	4				
TOTAL DEP.	87				
TOTAL	91				